

Workbook

BEHAVIOURAL DESIGN

Skills training in the use of video in discharge planning conference

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BEHAVIOUR

3 practical tools to define the desired behaviour
The video test – the calendar test and the planning intention
Distinguish your behaviour
Assess the effort
Build up your behavioural chain

FRICITION

Find the friction – you and your colleagues
Methods to gain deeper insight
Reflect on your choice of methods

SOLUTION

Design your solution
Experiment and test

Case 1.

Discharge planning conference regarding Jytte (57 years old) with widespread cancer.

The discharge coordinator has requested the municipality for an extended conference for Jytte. Jytte was admitted as an emergency with spinal cord injury, which implies that Jytte may only be moved with the help of a lift. Jytte was offered coordinated care during the hospital admission as she experiences intense pains, which are difficult to palliate.

Jytte wishes to come back to her home for the remaining time left to live. She has not had any contact with the primary sector and is therefore unsure of whether the primary sector can live up to the task.

Case 2.

Discharge planning conference regarding Hanne (69 years old) with shinbone fracture.

Hanne was admitted as an emergency with shinbone fracture after falling. Hanne underwent fracture surgery and the cast around her leg will be removed after 6 weeks. This means that Hanne will not be able to stand on her leg for 6 weeks. After all this time, Hanne will start a rehabilitation period. Before the fracture, Hanne has lead an independent life and did not have any contact with the primary sector. Since the admission to the hospital, Hanne has been very affected both physically and psychologically.

Hanne lives on the 1st floor (above ground floor) and there is no elevator in the building. Hanne wishes strongly to come back to her home, even though the municipality would like to host Hanne in a temporary relief facility.

Case 3.

Discharge planning conference regarding Lise, who is 81 years old and who has been admitted toward 52 with depressive symptoms. Lise is known to experience periodic depression episodes, isolates herself at home and can not undertake her daily activities. Lise is increasingly suspicious of other people.

Lise is cognitively impaired and the description from her family points towards signs of dementia. The patient has a score of 21 on the MMSE, therefore the healthcare staff initiates diagnosing dementia. Throughout the hospital admission Lise is diagnosed with dementia.

Lise's family wishes for Lise to be placed in a nursing home and undertake a short term assessment of her needs, because the situation at home is not sustainable. The family received many calls from Lise before the hospital admission and helped her with shopping and daily chores. Lise is skeptical and does not wish to move from her home at the moment.

Case 4.

Discharge planning conference for Simone, who is 38 years old and who has been admitted to ward 55. Simone is known to suffer from paranoid schizophrenia and from cannabis addiction. She was admitted to the hospital due to deterioration and because she is increasingly psychotic.

Simone has been admitted several times as she is not capable of carrying out her daily activities at home. She feels very lonely. Simone's mother describes the family situation as unsustainable. The house is untidy and there is no structure for the day. There is doubt on whether Simone is taking her medicines. Simone often self-medicates.

Reflecting on the video conference

Please name which arrangements your workplace should live up to, in order to make video conferences a possibility (e.g. equipment, working conditions) _

Please indicate which areas should constitute the main focus in order to achieve good communication between the partners during the video conference (see the suggestions below):

- Agreements on meeting times between the municipality and hospital?
- Who should/can take part in the conference?
- How do you describe the use of the video conference?
- Using a conference agenda, having a chairperson?
- Which possibilities do you see in the video conferences?
- Which choices do you need to make?
- Which decisions do you need to take and which agreements do you need to establish?
- User manuals, guides, IT support?

Your "bahviour"- related tasks:

- Inform peers and patient's relatives about the possibility of the video conference
- Inquire about the municipality's and hospital's need for an extended coordination via video
- Reserve time for the conference
- Participate in the meeting
- Follow-up on agreements

Behaviour

Behaviour

3 practical tools to define the desired behaviour

1. The video test

Can you record on video the desired behaviour? Will a third party be able to identify the behaviour, if they saw the recording?

2. The planning intention

I use this tool often, when it is too difficult. Alone or with your colleagues, fill in the sentence below:

"On *(a point in time)* I will *(the behaviour)* in *(location)*."

3. The calendar test

Ask yourself: "Would it be natural for me to book it in my calendar as a to-do task?"

- Each attempt on behavioural design starts with defining the desired behaviour.
- It is both trivial and very difficult. Remember:
"If you can't define it, you can't design it"

DOES IT PASS THE VIDEO TEST?

Have you made the desired behaviour so specific, that you could record it on video, and a third party could confirm, upon seeing the recording, the behaviour?



M"

Would it be normal to see the desired behaviour in the calendar, for instance at 10.00 AM on a Tuesday?



M

THE PLANNING INTENTION – BFS PRINCIPLE

- SPECIFY TIME AND PLACE

- **Beginner:**

I want to spend more time with my children.

- **Intermediate:**

I want to play some board games with them.

- **Pro:**

On Wednesday at x o'clock after dinner I want to turn off my phone and play UNO with my children at the dining table.

Behaviour

Planning intention

Behavioural design – BFS principle

- B = Behaviour – describe the desired behaviour

Case

Define the behaviour, which requires the use of video conferencing in relation to the cases. You may use several parts of the scale, but make sure that you have filled in point nr. 1 at least once. "Translate" the behaviour to pass the video test.

▶ 1

2

3

4

5

6

7

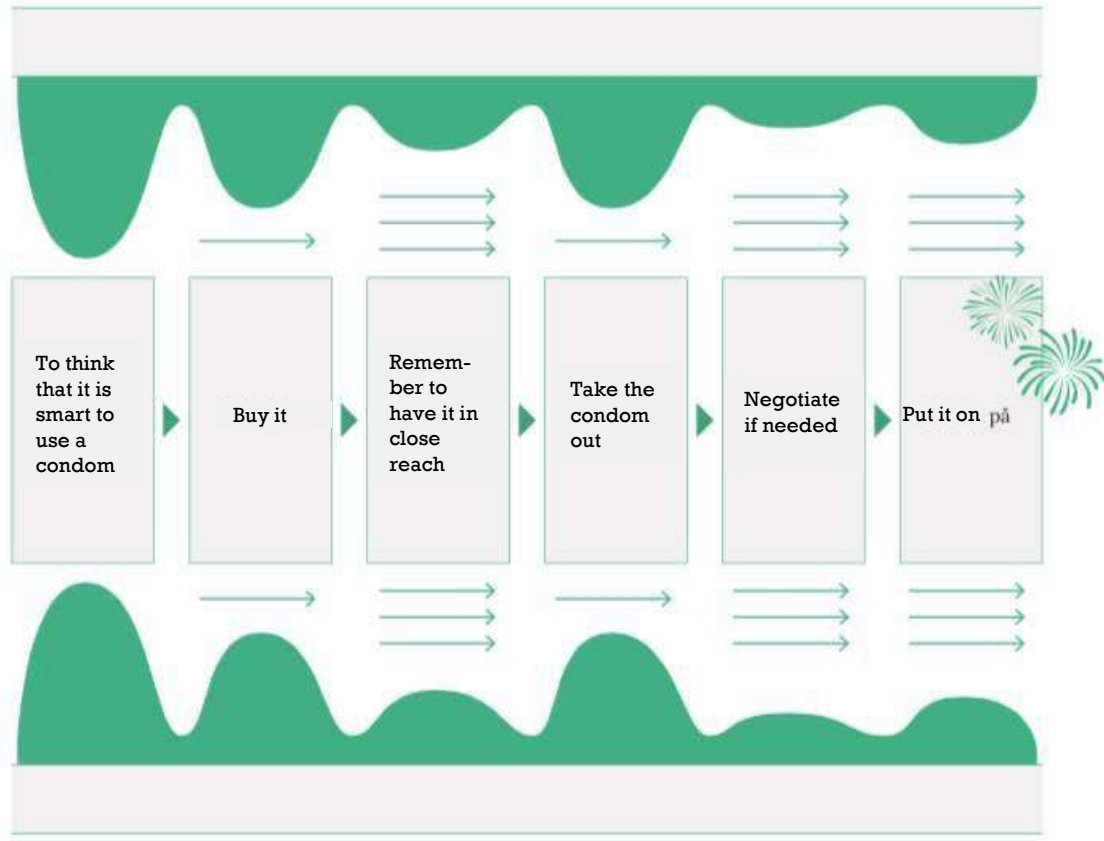
8

9

▶ 10

Build your behavioural chain

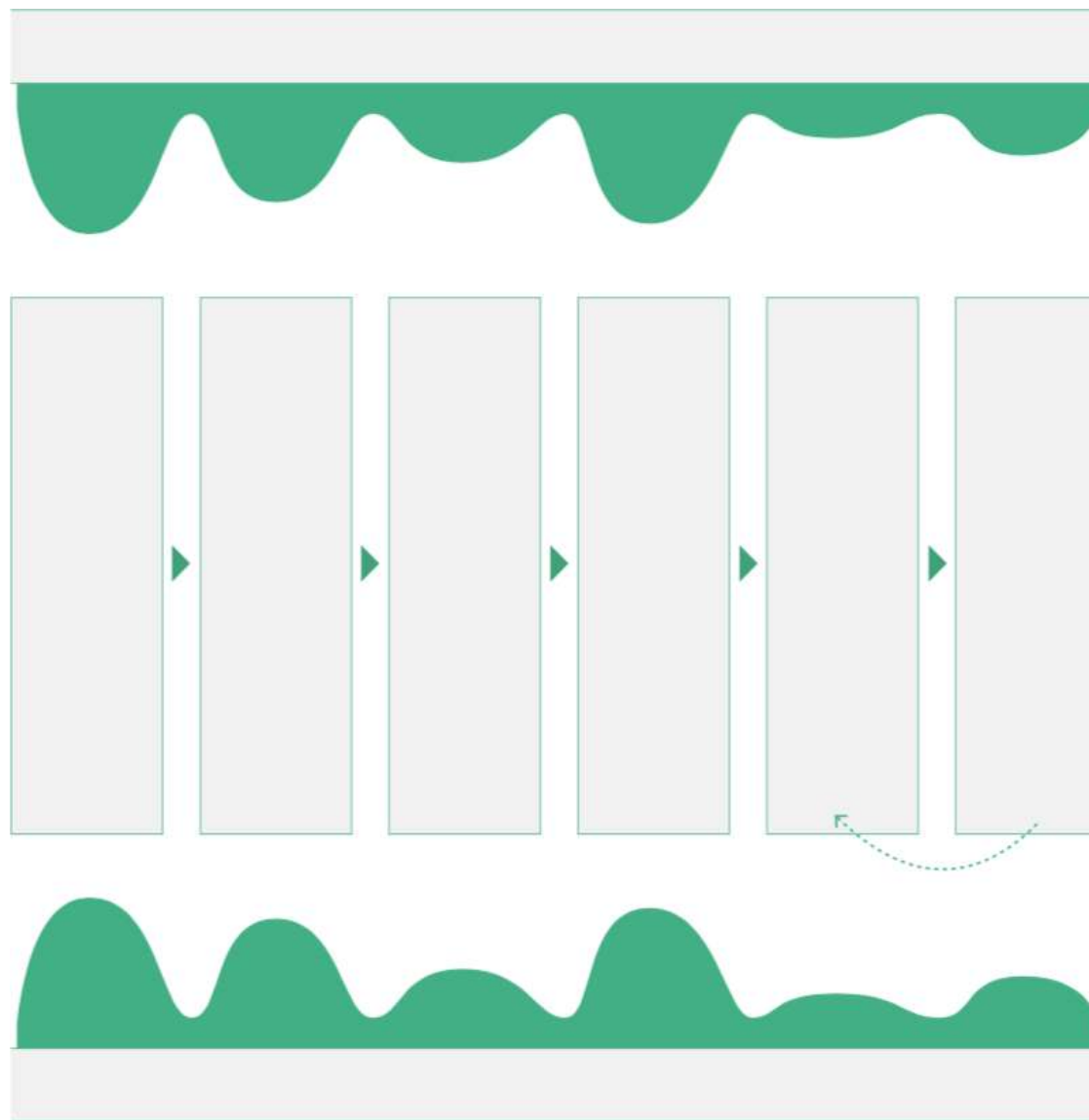
Do you remember the condom case? The desired behaviour was for getting more youth to use the condom. To succeed with this behaviour, there were other things to solve first.



An example

Start by writing the desired behaviour in the last box of the chain. Then think about which other types of behaviour need to succeed, in order for the desired behaviour to be a reality? Don't panic if it seems difficult. It is not all types of desired behaviour which follow the chain.

One way to handle this is to sketch the ideal way towards the desired behaviour. That is – if you imagine that you and your colleagues managed in the best way possible to use the video conferencing.



Friktion

F = Friction – describe what hinders the desired behaviour

Friction

Planning intention

Behavioural design - BFS principle

Identify the *friction* in you and your peers.

Use the cases, upon need

Now you should find the friction blocking for the desired behaviour.

Three questions to get started:

- ✓ What prevents you/them from doing it?
- ✓ Why are they not doing it already?
- ✓ Why is it a good idea for you/them to do it?

I would normally recommend to divide this stage in two parts:

1. Brainstorm for all the frictions you can identify.
2. Open approach, where you research the frictions through different methods.

	→	Information
	→	
	→	Skills
	→	
	→	Motivation
	→	
	→	
	→	
	→	
	→	

Solution

Behavioural design - BFS principle

Solution

S = Solution – describe the solution to the desired behaviour

Planning intention

Design your solution

Design your solution

Your notes



Your notes



